

myBenefitsMentor Frequently Asked Questions

1. How can I access myBenefitsMentor?

myBenefitsMentor is available at employeeselfservice.omb.delaware.gov for active State of Delaware employees hired on or before March 1, 2017. State of Delaware non-Medicare pensioners retired and enrolled as a pensioner in a non-Medicare health plan as of December 31, 2016 can access the tool at de.gov/statewidebenefits (Select the “Open Enrollment” button – “Pensioners” and myBenefitsMentor Consumer Decision Tool under *Consumerism Resources*).

2. When is myBenefitsMentor available for me to use?

myBenefitsMentor is available to active State of Delaware employees and non-Medicare pensioners through Friday, June 2, 2017. Access to the tool is limited to State of Delaware employees hired before March 1, 2017 and non-Medicare pensioners retired and enrolled as a pensioner in a non-Medicare State of Delaware health plan as of December 31, 2016.

3. What other tools and resources are available to assist me in using the myBenefitsMentor online tool?

Included in the Statewide Benefits Office 2017 Open Enrollment curriculum of informational mini-videos is a video detailing how to use the myBenefitsMentor online tool. Go to de.gov/statewidebenefits → *Open Enrollment* → *Select Group* → *Under Consumerism Resources*, choose *Curriculum of Informational Mini-Videos*. These videos can also be accessed from the myBenefitsMentor online tool through the Helpful Link in the Resources tab.

4. Why is my age or the age of one or more of my covered dependents incorrectly reflected on my Coverage Profile page?

This situation can occur if you or any of your covered dependents have had a birthday since December 31, 2016 as this is the date in which your myBenefitsMentor information is populated based on information sent by your health plan.

5. I have accessed myBenefitsMentor, added dependents on my Coverage Profile page and saved the changes; however, when I go back into the tool, the dependents I added previously are gone. Is there a way to retain dependents that I add so that I do not need to re-enter them each time I access the tool?

The myBenefitsMentor online tool will always reset to the information provided from your health plan and Express Scripts, the State’s prescription plan which includes enrollment and claims paid as of December 31, 2016. If you are a State of Delaware employee who was hired before March 1, 2017 but you were not enrolled in a health plan through the State Group Health Insurance Program (GHIP) as of December 31, 2016, you will have to enter all information on your family members on the Coverage Profile page each time you access the tool.

6. I am a State of Delaware school district employee and I receive Flex credits to offset my health premiums. I have accessed myBenefitsMentor and my 2016 Year to Date and 2015 – 2016 Premiums do not appear to be reduced by the amount of my Flex credit offset. Why not?

Flex credits received by a school district or charter school employee to reduce their employee premiums for healthcare are not reflected in the Premiums Paid ByYou portion of the Total

myBenefitsMentor Frequently Asked Questions

Healthcare Costs for 2016 Year to Date or 2015 – 2016 Total Costs or the Yearly Premiums in the plan choices and enrollment guides.

7. I have accessed myBenefitsMentor and my most recent claims costs don't seem to be included in my summary. Why not?

Your information displayed in myBenefitsMentor is updated based on paid medical and prescription claims data received from your health plan and Express Scripts, the State's prescription plan, through December 31, 2016. In order to help you understand your historic healthcare costs, we have included medical and prescription claims history from January 1, 2016 through December 31, 2016.

8. I have accessed myBenefitsMentor and the summary cost and services information is inaccurate or unfamiliar. What should I do?

Your myBenefitsMentor information is populated based on the information sent by your health plan and Express Scripts, the State's prescription plan, through December 31, 2016. If you have access to more recent information through your health plan portal or explanation of benefits statements you've received, it might be useful to review those sources to better inform the remainder of your myBenefitsMentor experience. If you know your approximate out-of-pocket expenses over the most recent 12 months, you can still use that information as a starting point for estimating your expenses for next year.

9. I have accessed myBenefitsMentor and the summary cost and services information and it is displaying zero totals for either costs, services, or both. Why is there no information showing for me and my family?

Your myBenefitsMentor information is populated based on the information sent by your health plan and Express Scripts, the State's prescription plan, through December 31, 2016. There are, however, a number of situations that can result in showing zero dollars or services for the period of time on the report:

- You had no medical or prescription drug claims paid
- You had paid claims, but no out-of-pocket expenses
- You had claims, but they were not paid in time for us to receive information about them
- We did not have access to your paid claims information
- You are a benefit eligible State of Delaware employee but you are enrolled in a health plan through the State Group Health Program as a spouse or dependent of a benefit eligible State of Delaware employee or non-Medicare pensioner. If that is the case your summary costs and services will be displayed on the information for the person who carries you on their plan.

10. On my HealthCare History page, myBenefitsMentor lists a Preventive visits category that shows "1" in the "Services Used" column and also \$75 in the "Costs" column. Why do I have preventive costs when preventive care is covered at 100% under my health plan?

This situation can occur when an individual receives preventive services that fall outside of the preventive guidelines for your age, gender, health and family history. It is important to review the preventive guidelines for your health plan to know what services are covered at 100% by the plan

myBenefitsMentor Frequently Asked Questions

with no out-of-pocket costs to the member. The Highmark Delaware and Aetna covered preventive services can be found at ben.omb.delaware.gov/consumerism/prevention.

11. On my HealthCare History page, myBenefitsMentor lists a Hospital Admissions category that shows “0” in the “Services Used” column but \$125 in the “Costs” column. Why do I have hospital costs when I was never admitted to the hospital?

This situation can occur when an individual has services that fall into the inpatient category for example, being held for observation but they were not admitted. Depending on the types of claims submitted during this type of experience, myBenefitsMentor may not consider these services as hospital “admissions.” So the “Services Used” column may display 0 while the “Cost” column may be populated with costs associated with the hospital services.

12. Why doesn’t myBenefitsMentor include more detailed information on my family members? I would like to see more detailed information on my dependents’ healthcare information.

Due to HIPAA regulations and the strict privacy policies of Truven Health, dependent information can only be included at a family summary level. If you want to see more detailed information on your dependents’ healthcare claims you can check on your health plan’s website or call them directly to see what information they can provide.

13. How does myBenefitsMentor make adjustments in my estimated healthcare spending if I or my family members add new or planned surgeries?

We take the services and/or conditions that you add in the online solution and using your mailing address information, apply an estimated allowed amount for your area for each service or condition and adjust your healthcare spending from the last year. A similar adjustment can also be made by adjusting the level on the slider bar. If a service or condition is added to the historical costs and the total estimated costs still fall within the default healthcare spending level from last year, your spending level will not change. There are five different levels of healthcare spending – low, medium low, medium, medium high and high - and a user with historical experience will be assigned to one of these levels based on their healthcare spending from last year.

14. How are you calculating my Estimated Out-of-Pocket Expenses for comparing my plan options?

We take your medical and prescription drug claims paid from January 1, 2016 through December 31, 2016 as a starting point. If we don’t have enough claims history for a person, we use national average cost data. For users of our online solution we can adjust these amounts based on information you have provided during your use of the tool (changes in dependents, other major medical services, and your assessment of healthcare need levels).

We then model what your estimated total costs would be for each plan to help you understand how the plans compare. We start with the annual premium amounts (payroll or pension deductions) for each plan, and add your estimated out-of-pocket costs for next year. To estimate the out-of-pocket expenses, we use your expected healthcare costs and apply detailed information we know about each plan (copayments, deductibles, coinsurance, and out-of-pocket maximum limits).

myBenefitsMentor Frequently Asked Questions

15. I have twin children but cannot see claims for both of them. Why not?

All of the claims for your same sex multiples are in myBenefitsMentor but associated with one dependent in the online tool. The plan modeling is not affected because all available claims for the family are still included – just attributed to a single child's name. Be sure to add the other member who is missing to properly reflect your family Coverage Tier.

16. Is my personal information shared with my employer or the State Group Health Insurance Program (GHIP)?

No. myBenefitsMentor is made available to you by Truven Health, a recognized and trusted healthcare information steward. In providing the myBenefitsMentor solution, your personal health information is not shared with your employer or the State Group Health Insurance Program (GHIP).

17. How is my data used?

Your healthcare claims information is used to provide you with a useful summary of your historic healthcare costs and services. The Statewide Benefits Office may receive summary reports that are used to determine the value of myBenefitsMentor to your enrollment decision-making process, but we do not share your personal information with your employer, the State Group Health Insurance Program (GHIP) or the Statewide Benefits Office as part of the myBenefitsMentor process.

18. Who is Truven Health and why do they have access to my healthcare spending information?

Truven Health is the State Group Health Insurance Program's (GHIP) current vendor for healthcare database and analytic services. Truven Health stores medical and prescription claims and cost data on the 123,000 members of the GHIP. In addition, Truven Health provides analytical support to assist the State of Delaware and the State Employee Benefits Committee (SEBC) in 1) reducing and managing costs, 2) providing clinical decision support (for example, the myBenefitsMentor tool), 3) cutting down on fraud and abuse, 4) improving care coordination and 5) improving member wellness. The State of Delaware and the SEBC do not have access to personal healthcare information through Truven Health and Truven Health is required to conform to all privacy and confidentiality standards. Data analytics are a necessary service to manage large self-insured health plans and have been utilized by the SEBC since 2005.

19. I am interested in learning more about the health plans that are available to me and my family during this Open Enrollment period. Where can I go to obtain information?

The Resources tab in the myBenefitsMentor online tool includes a list of Helpful Links including the Benefits Open Enrollment, Rate Sheet, Health Plan Comparison Chart, Information Mini-Videos and Frequently Asked Questions.

20. I am experiencing issues accessing the myBenefitsMentor online tool. Who do I contact for assistance?

Remember that in certain situations, you may not have access to the myBenefitsMentor online tool. myBenefitsMentor is available for active State of Delaware employees hired on or before March 1, 2017 and State of Delaware non-Medicare pensioners retired and enrolled as a pensioner in a non-Medicare health plan as of December 31, 2016. If you were hired after March 1st or if you have retired since January 1, 2017, you will not be able to access the tool and will receive an error

myBenefitsMentor Frequently Asked Questions

message if you attempt to access through employeeselfservice.omb.delaware.gov (if you are an active employee) or de.gov/statewidebenefits (if you are a non-Medicare pensioner). The tool is not available to State of Delaware Medicare pensioners.

If you meet the criteria defined in Question #1 and/or you have received a customized letter at your home address providing you with information about the myBenefitsMentor tool; however, you are receiving an error message and cannot access the online tool, please contact the SBO Customer Service Team anytime Monday through Friday, 8 am to 4:30 pm at 1-800-489-8933 or benefits@state.de.us for further assistance.